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ABSTRACT

This article describes the unique role of America's community colleges and the way they relate to academic health centers and community health needs. It discusses how community colleges benefit underserved communities. As open-door institutions, they provide academic opportunities for those who would not normally be able to have higher education. Community colleges also help build needed skills and provide various psychological, health, and support services to the community. The mutual collaboration between community colleges and health professions schools could provide disadvantaged students with career exploration in health and unite health professions schools more directly with the community, while health care schools could provide primary health care and research expertise to colleges. Models of community-community college partnerships are provided, citing examples from the City College of San Francisco and Northern Virginia Community College, which, through collaboration, provide valuable health services to the community, including HIV testing and health care training opportunities for students. The article concludes with recommendations for future collaborative efforts. Contains 17 references. (YKH)

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Community Colleges and Community-Campus Partnerships

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Community Colleges and Community-Campus Partnerships

Nan Ottenritter

During the 1990s three significant trends in American life came to a nexus: changes in the delivery of health care, a resurgence of citizens' involvement in their communities (volunteerism), and the growth of a teaching strategy that addresses student and community needs (service-learning). All three form a synergistic system resulting in a variety of programs and initiatives throughout the nation. Community-Campus Partnerships for Health is one of those initiatives and community colleges were there from the start.

Community colleges are uniquely American institutions designed to educate, support, and transform communities. This article describes the unique role of the nation's 1,100 community colleges and the way they relate to academic health centers and community health needs (Phillippe, p.11). The article concludes with a series of recommendations for collaborative efforts between community colleges and health professions schools.

How Community Colleges Benefit Underserved Communities and Improve Community Health

Students of community colleges frequently are members of underserved groups and reflect, perhaps more accurately than universities whose students are transients, the population of the community surrounding the institution. As open-door institutions, community colleges are a point of entry for many people who would otherwise not consider pursuing higher education. They support underserved community members in many ways:

- academically, with a variety of developmental courses, tutoring, and instructional supports. In 1995, 100 percent of community colleges offered remedial education in reading, writing, or mathematics; 81 percent of four-year institutions did (Phillippe, p.57);
- logistically, with a wide range of course delivery options and support; and
- psychologically, with support services for building student success skills and coping with predictable life transitions.

A great deal of preventive health care is offered to students through campus health centers and/or special events (such as regularly scheduled health fairs) sponsored by hospitals or community health associations. This preventive health care is also taken out to underserved populations by student interns completing service learning assignments and clinical training at community sites. Such services include primary care services; referrals to community health agencies; and screenings for hypertension, cholesterol, diabetes, sexually transmitted diseases, cancer, and other diseases.

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Improving community health not only means meeting the health needs of individuals, but the needs of larger systems such as the workforce/economic system in the community. The mission of the state college and university is to serve the entire state or entire communities in need of a particular program. The mission of the community college is to serve the local community, including meeting their workforce and economic needs. The wide variety of occupational programs at a typical Health Technologies Division at a community college illustrates this point: Emergency Medical Services, Health Information Technology, Medical Lab Technician, Nursing, Respiratory Therapy, Occupational Therapy, and Dental Hygiene. In 1994-95 community colleges awarded over 64,600 certificates and 79,500 associate degrees in health professions and related sciences (IPEDS, 1996).

Community colleges must have their finger on the economic pulse of the community and respond appropriately. This responsiveness to changing workforce needs is crucial in today's health care environment. Through certificate, credit, continuing education, and contract training programs, community colleges help meet community health care needs, providing workers who often fill important support functions for those from more traditional health professions schools.

The 1988 report of the Commission on the Future of Community Colleges, *Building Communities*, called community colleges convenors of the local community, "...bringing together the visions and experiences of all of their parts to create something greater than the sum" (Commission on the Future of Community Colleges, p 49). This is a different role from that traditionally played by academic health centers that are often accused of having "ivory tower" relationships with the community. Many academic health centers have traditionally viewed communities as laboratories whose case studies are food for academic journals. Community partnerships may have been created for the purpose of obtaining grant monies. And tragedies such as Tuskegee now serve as lightning rods for the distrust that minority and other community groups can hold for academic institutions.

Community colleges contend with virtually none of this baggage. They grew out of the communities they serve and retain a great deal of that community responsiveness. In 1995, approximately 47 percent of community college students were between the age of 22 and 39; 15 percent were 40 years or older (Phillippe, p 29). This demographic profile of students suggests that they can be more attached economically and socially to their communities. They often own homes, work in local businesses, and may need re-training to meet current workforce needs. Community college space is used for numerous community events, its classrooms for retraining and certification, and its summer programs for caring for and educating children. Community leaders serve on college boards of trustees and advisory boards. All of these examples illustrate the nature of the community college-community relationship.

Benefits of Mutual Collaboration between Health Professions Schools and Community Colleges

Health care professions can be conceptualized on a continuum. Likewise, their education can range from a focused certificate program to an associate's degree, from a baccalaureate degree to an advanced medical degree, and, finally, to post-doctorate work and more specialized training. Institutions of higher education at either end of the continuum can benefit from the work and collaboration of their counterparts.

- Community colleges provide a supportive experience for disadvantaged students on the first rungs of the health careers ladder. Career exploration, development of successful study and life-management skills, and program-related work opportunities are just some of the benefits community colleges offer. Health professions schools benefit from this more varied pool of prepared applicants.
- Community colleges also have a great deal to teach universities about collaborative, interdisciplinary teamwork. Whereas academic health centers have schools of pharmacy, medicine, etc., community colleges have a variety of programs frequently housed in the same academic division. Teamwork is enhanced not simply by their close physical location, but by their shared mission to meet student, professional, and community needs. Their workings could provide a model for the much-needed interdisciplinary collaboration among health professions schools.
- Partnering with community colleges might also be an effective way for health professions schools to gain an entrée into the community. The community college, itself, is often a point of entry for public health professionals and can also provide referrals to other points of entry.
- Community college health centers could also provide excellent placement sites (perhaps as part of a community health rotation) and cross-training for students from health professions schools.
- Health professions schools can provide primary health care that cannot be provided by associate degree-level practitioners. As such, they are invaluable partners in health care outreach and health promotion.
- Health professions schools can also provide research supports and expertise that could be of value to community college programs and communities.

Model Community-Community College Partnerships

City College of San Francisco (CCSF) has a long and rich history of response to the AIDS epidemic. A tapestry of collaboration has been woven by the community college, major universities in the area, community-based organizations, the public health department, and community members.

For example, a student at CCSF can earn an HIV/STD Prevention Educator Certificate. With successful completion of that program, plus two workshops at the Institute for Advanced Study of Human Sexuality, a student can then become a California State-approved HIV/STD Sexological Advisor and Educator. The cost is underwritten by the college's Project SAFE (Sexuality, Attitudes, Facts, and Education) program. A student might also elect to become a state-approved AIDS Antibody Test Counselor. These courses and programs have not only helped to set standards (adopted by the San Francisco Public Health Department) and professionalize the field, they also provide elective credits in the CCSF-UCSF Community Health Worker Certificate program. The excellence of the training has persuaded community agencies to send outreach workers to the program for further training.

Community-based organizations approached the college to help reach members of their own cultural groups who seemed unreachable. The college... increased the level of health promotion and services on campus... [and] sought out culturally-appropriate points of entry into ethnic communities.

There are approximately 84,000 students at CCSF, with 59 percent speaking a primary language other than English. Seventy-four percent of students are people of color (Office of Research Planning and Grants, p. 3). Many of these students don't have health insurance; they have emergency rooms. So the Spring 1998 semester's new HIV risk assessment, counseling, and testing program (which provides services for 300 students) assures those students individualized testing and counseling in their own language. In fact, City College has provided two-hour HIV prevention programs in 12 different languages at the same time!

CCSF takes an integrated approach towards prevention, nesting HIV counseling and testing in ongoing classroom education and larger safer sex events. The HIV testing program was the result of a deliberate effort of CCSF to partner with the public health department. After conducting a pilot HIV testing project with volunteers from the public health department, CCSF then applied for, and received funding from the health department. CCSF realizes that cross-training is important and now places student interns in the public health department, applies for public health department-sponsored grants, and sits on many public and private community-based organization advisory boards.

Community-based organizations approached the college to help reach members of their own cultural groups who seemed unreachable. CCSF responded in two ways. They increased the level of health promotion and services on campus. They found that for some, health messages could be more readily received in an educational environment. Yet for some, the opposite was true, so the community college also sought out culturally-appropriate points of entry into ethnic communities. For example, it was discovered that in the Chinese community prevention of STD/HIV information and distribution of condoms were best carried out in the context of well-baby clinics.

May, 1995 was the start of something big at Northern Virginia Community College (NVCC) in Annandale, Virginia. In attempting to find placement sites for students in their fledgling service learning program, NVCC discovered that nursing students were accepted for direct care placements in hospitals, but not community sites. NVCC then created the Mobile Nurse-Managed Health Center. The American Lung Association bought the van. Grants from the American Association of Community Colleges' (AACC) Metropolitan Life Foundation and Bridges to Healthy Communities projects and the Corporation for National Service provided needed staff development (certification of two faculty as Family Nurse Practitioners), and other supports. A project that started with four community partners and four sites now has over 30 community partners, eight community sites (one in a rural Virginia county), and a van. A project that started out learning about community needs from agencies like the American Lung Association and the Health Department quickly diversified by including faith groups, interfaith councils, and specific cultural groups like the Indochinese Center. NVCC brought groups together to determine the needs of the community, the fit between those needs and what NVCC could provide, and any perceived barriers. Conversations with representatives from each group are now part of the on-going assessment of the project.

The Nurse-Managed Health Center is now institutionalized into the fabric of the college, providing needed services to the community, excellent training opportunities for students...

The project also has a new name, the Northern Virginia Community College Nurse-Managed Health Center Network. The eight community sites are operational one day a week. The van (now called NVCC's Healthmobile) regularly visits the college's five campuses providing health promotion and services. A new initiative for the network is their collaboration with the George Washington University Medical Center Mobile Mammography Program. NVCC had the supervisors and the nursing students certified by the American Cancer Society as Breast Self-Exam Educators. George Washington University had the van, mammographer, and radiologist. Together they provide free health screenings, mammograms, and HIV testing, prevention and counseling for women.

NVCC learned two important lessons with their highly successful project. Number one: You don't have to not do something because there's a barrier. Number two: Grant funding is a great way to begin. The Nurse-Managed Health Center is now institutionalized into the fabric of the college, providing needed services to the community, excellent training opportunities for students, and increased opportunities for collaboration among all players in the health care field in Northern Virginia.

Santa Barbara City College (SBCC) and their community partners responded to the Regional Occupation Program's announcement that they would no

longer offer a Medical Transcriptionist certificate. An advisory board comprised of local health care professionals redefined the skills needed and SBCC now offers the entry-level courses and the local hospital offers advanced training for this certificate. Upon a request from the American Health Information Management Association, SBCC evaluated the feasibility of offering a Medical Records Technology degree. The result: eight community colleges in California now jointly offer the Medical Records Technology degree and are meeting the need for one of the fastest growing professions in the state. Each college offers particular parts of the curriculum through distance education and Internet instruction. This required a great deal of coordination between the colleges, including determining which college actually grants the degree, is held liable, receives student fees, etc. The first class enrolled in the program in Fall 1997.

The focus on the individual patient is moving more toward a population perspective. Community colleges and academic health centers have a great deal to teach each other about how to accomplish this transition.

Recommendations for Future Collaborative Efforts between Community Colleges and Health Professions Schools

- Facilitate information sharing by having members from community colleges and health professions schools sit on each others' advisory boards, discovering how they can get things done in their communities. Include students and community members.
- Conduct formative evaluation activities for projects to capture your creativity and innovation. Implement changes in programs based on lessons learned, particularly in health promotion and social marketing.
- Assure that project data gets into the feedback loop of the very systems that can use it. For example, a health-screening program at Copiah-Lincoln Community College in Weston, Mississippi conveyed observations concerning the area's youth to high school principals and counselors (Barnett, p.2).
- Focus on a community's assets as well as needs. Do this by becoming change agents who include community members in ways they can contribute to and improve projects, and develop a greater sense of self.
- Provide collaborative practice sites. Have A.A. and B.A. nursing students working alongside medical residents to provide total patient care in a community setting.
- Collaborate with all levels of higher education to develop alternate forms of delivering needed health education courses and information.

- Collaborate in providing health services. Santa Barbara City College has a contract with a local hospital to provide health care services to students at reduced rates. Students are then referred back to the campus health center for follow-up. Students from the School of Medicine at Brown University and the Nursing Program at the Community College of Rhode Island are working in teams of four to eight to determine the need and feasibility of a student-run free clinic in Greater Providence. In coordinating this assessment and participating in related activities they are developing an understanding of different health professions' traditions, roles, and expertise; team approaches to health care; and non-biological factors which affect health and access to health care.

The emerging paradigm of health care is oriented to larger systems. For example, the solo physician is giving way (albeit reluctantly) to the health care team. The focus on the individual patient is moving more toward a population perspective. Community colleges and academic health centers have a great deal to teach each other about how to accomplish this transition.

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